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Craig P. Orgeron, Ph.D., Executive Director

LOC Clarifications Memorandum

To: Solicited Vendors for Letter of Configuration (LOC) Number 45495, dated March 5,

2020 for the Mississippi Division of Medicaid (MDOM)

From: Craig P. Orgeron, Ph.D.

Date: April 9, 2020

Subject: Clarifications to Specifications

Contact Name: Jordan Barber

Contact Phone Number: 601-432-8005

Contact E-mail Address: jordan.barber@its.ms.gov

LOC Number 45495 is hereby amended as follows:

1. Item 4 PROCUREMENT PROJECT SCHEDULE is being amended as follows:

Task	Date
Addendum with Vendors' Questions	Friday, April 3, 2020
and Answers	
Proposals Due	Friday, April 10, 2020 Friday, April 17, 2020 at
	3:00 p.m. Central Time
Proposal Evaluation	Friday, April 10, 2020 Friday, April 17, 2020
Notification of Award	Friday, April 24, 2020 Thursday, April 30, 2020
Begin Contract Negotiations	Friday, April 24, 2020 Thursday, April 30, 2020
PC Equipment Delivered to DOM	Friday, May 22, 2020 Friday, May 29, 2020

2. Item 15.1 is being amended to read:

Vendor must deliver the response to Jordan Barber at ITS no later than Friday, April 10, Friday, April 17, 2020, at 3:00 P.M. (Central Time). Responses may be delivered by hand, via regular mail, overnight delivery, e-mail, or by fax. Fax number is (601) 713-6380. ITS WILL NOT BE RESPONSIBLE FOR DELAYS IN THE DELIVERY OF PROPOSALS. It is solely the responsibility of the Vendor that proposals reach ITS on time. Vendors should contact Jordan Barber to verify the receipt of their proposals. Proposals received after the deadline will be rejected

3. ATTACHMENT A-1 – REVISED COST INFORMATION FORM is being replaced with ATTACHMENT A-2 – REVISED COST INFORMATION FORM.

LOC responses are due Friday, April 17, 2020, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Jordan Barber at 601-432-8005 or via email at jordan.barber@its.ms.gov.

cc: ITS Project File Number 45495

Attachment: ATTACHMENT A-2 - REVISED COST INFORMATION FORM